

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000114534

FILED  
Jan 27, 2012  
Secretary of State

**Entity Name:** FLORIDA HOME MEDICAL EQUIPMENT, INC.

**Current Principal Place of Business:**

3700 COMMERCE PARKWAY  
SUITE B  
MIRAMAR, FL 33025

**New Principal Place of Business:**

**Current Mailing Address:**

3700 COMMERCE PARKWAY  
SUITE B  
MIRAMAR, FL 33025

**New Mailing Address:**

**FEI Number:** 65-1159107

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: CEOD  
Name: BAUDE, BRUCE  
Address: 11000 PRAIRIE LAKES DRIVE, SUITE 600  
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: DVPT  
Name: SJOBECK, JEFFREY  
Address: 11000 PRAIRIE LAKES DRIVE, SUITE 600  
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: SSVF  
Name: COGGINS, EILEEN M  
Address: 8601 N. SCOTTSDALE ROAD, SUITE 335  
City-St-Zip: SCOTTSDALE, AZ 85253

Title: GC  
Name: COGGINS, EILEEN M  
Address: 8601 N. SCOTTSDALE ROAD, SUITE 335  
City-St-Zip: SCOTTSDALE, AZ 85253

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EILEEN M. COGGINS

SVP

01/27/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date